Medical Outreach: An Instrument of U.S. Diplomacy
Statement of Congressman Jeff Fortenberry

The Subcommittee will come to order, and good afternoon to everyone.

Today's Subcommittee hearing will explore the issue of Medical Outreach as an instrument of U.S. diplomacy. As a nation, we have been gifted with extraordinary capabilities to deliver basic healthcare and related education programs to poor populations in need. The purpose of this hearing is to explore opportunities to further transform our diplomatic efforts by deploying these capabilities in new and innovative ways to reach overlooked populations with basic healthcare services that we can all agree no human being should do without.

The United States is already working diligently and effectively to address many pressing global health concerns. The U.S. Government has made significant progress in reaching out to distressed populations worldwide. However, I believe that by prioritizing the treatment of easily preventable illnesses within our foreign assistance programs, we can make

even greater strides to alleviate unnecessary suffering and to generate international good will.

According to the Organization of Economic Cooperation and Development (OECD), the United States is the world's leading provider of overseas development assistance.[1] We can be rightfully proud of the efforts of our federal government, nongovernmental organizations, and private citizens to relieve suffering throughout the world. Moreover, with the emergence of the Millennium Challenge Account, we have recognized the need to integrate a new strategic vision and increased accountability into our development programs. By emphasizing policy reforms to help partner countries improve their capacities to meet the needs of their own citizens, we can help to ensure that our investments to improve the lives and livelihoods of people in need have a much greater chance of resulting in enduring benefits.

In March 2002, when President Bush announced that the United States would increase its core development assistance by 50% over three years -- $5 billion per year above prevailing levels – he underscored the

[1] CRS - $19 billion (2004)

United States' commitment to combating global poverty and made this goal a priority for U.S. foreign policy. As Ambassador Randall Tobias pointed out in his recent testimony before the House Appropriations Committee, the President also called for reform of our foreign assistance programs, noting that "decades of massive development assistance have failed to spur economic growth in the poorest countries." While this Administration nearly doubled foreign assistance funding to over $20 billion in 2006, it has recognized that increased funding alone will not necessarily lead to desired outcomes.

As we seek to prioritize the role of foreign assistance in U.S. policy and look to restructure our assistance framework to address redundancies, ensure transparency and accountability, and effectively targeted outreach linked to measurable goals, we have a unique opportunity to explore how we might leverage our talent and technology to enhance the delivery of very simple, basic healthcare services to overlooked and remote populations.

According to the World Health Organization, cardiovascular diseases, malignancies, injuries, respiratory diseases, and perinatal conditions

comprise the leading causes of death for men and women.[2] Many of these conditions can be readily and cost-effectively treated in developed countries. Moreover, conditions such as routine eye infections and ear infections, which might be viewed as mere annoyances in the developed world, all too often go untreated in developing countries, resulting in catastrophic personal, familial, communal, and ultimately, national consequences. These consequences are all the more tragic because they are so easily preventable. I believe that we need to thoroughly assess our healthcare assistance programs to ensure that we are prioritizing such obvious needs.

We have a wealth of healthcare technology solutions at our disposal today which we have barely begun to integrate into our domestic healthcare systems. The routine transmission of diagnostic digital images is one small example of such a solution. The United States is widely recognized as a world leader in telemedicine and telehealth technologies. These key elements of medical outreach are of particular interest to us. I am pleased to note that we have several of our nation's leading practitioners in this field before us today to provide an overview of how such technologies have helped to build bridges and bring healing to populations in need.

[2] WHO, World Health Report, 2005, Annex Table 3.

To provide a bit of background, telemedicine is defined as "the use of electronic communication and information technologies to provide or support clinical care at a distance."[3] Telehealth is more broadly defined as "the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public heath and health administration."[4]

The Department of Health and Human Services (HHS) has pioneered coordination of information within the federal government on leading-edge healthcare delivery mechanisms. I am grateful that HHS, the Department of State, and the United States Agency for International Development are all represented here to provide insights on how we might further integrate these technologies into our foreign assistance programs and indeed, prioritize the delivery of essential healthcare within Secretary Rice's transformational diplomacy initiative.

[3] Department of Commerce' 1997 Report to Congress (from http://telehealth.hrsa.gov/pubs/report2001/exec.htm)
[4] ibid

Our witnesses share a great deal of combined expertise in addressing medical outreach challenges. I look forward to hearing their testimonies and to noting lessons learned that will enable us to turn these challenges into opportunities for U.S. foreign assistance.

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